

FILED JUL 22 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23481
STATE FILE NUMBER 61

Registration District No. 15

Primary Registration District No. 3004

Registrar's No.

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar		c. CITY OR TOWN Lamar	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At home		d. STREET ADDRESS (If outside, give location) 405 W- 14th	
3. NAME OF DECEASED (Type or print) First CHARLES Middle BOYCE Last VEALE		4. DATE OF DEATH Month July Day 13 Year 1957	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept 25 1859
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer		11. BIRTHPLACE (City and state or country) New Florissant, Mo.	
13a. FATHER'S NAME Jacob Veale		14. NAME OF HUSBAND OR WIFE Rhoda Ann Nowlin	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs. Maude Rudisaile, Lamar, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Angerine Right foot. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio-sclerosis. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4501		INTERVAL BETWEEN ONSET AND DEATH May 15, 1957 years	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from April 12, 1957 to July 13, 1957 and last saw him alive on July 12, 1957 Death occurred at 937 am on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Glenn T. Bickel, MD (Degree or title)		22b. ADDRESS Lamar, Mo.	
22c. DATE SIGNED 7/15/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE July 15 1957	
23c. NAME OF CEMETERY OR CREMATORY Howell		23d. LOCATION (City, town, or county) (State) Barton County, Mo.	
24. FUNERAL DIRECTOR Konantz Funeral Home, Lamar, Missouri		25. DATE RECD. BY LOCAL REG. JUL 15 '57	
26. REGISTRAR'S SIGNATURE Marie Konantz			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Carl H. Kanitz

Licensed Embalmer No. 2247

P. O. Address Lamar, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.